

Division of Housing Caddo Nation

The Caddo Nation Housing Authority (CNHA)
and The Housing Authority of the Caddo Tribe of Indians of Oklahoma (HACTIO)



U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
State of Oklahoma
Oklahoma Housing Authority Act

MAIL-IN PRE-APPLICATION FOR THE LOW-INCOME RENTAL PROGRAM

Instructions: Please read carefully. Incomplete applications ***will not be processed***.

1. To be qualified for admission to the Low-Income Rental Program an applicant must:
 - a. Be a family as defined in the Low-Income Rental Program - Admissions and Occupancy Policy;
 - b. Meet the HUD requirements on citizenship or immigration status;
 - c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in Division of Housing Administrative Offices;
 - d. Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - e. Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a Division of Housing – approved pre-occupancy orientation session; and
 - f. Meet the screening requirements related to criminal activity and alcohol abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preference.
3. Applications will accepted by mail and hand delivery, to the following address, postmarked within dates when the Division of Housing is accepting applications:

**Caddo Nation Division of Housing
Administration Building
21 Halfmoon Circle
Post Office Box 167
Gracemont, Oklahoma 73042
Attn: ADMISSIONS**

4. Applicants with disabilities may seek assistance with the completion of the application at the Division of Housing Admissions and Occupancy Department, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

THE DIVISION OF HOUSING LOW INCOME RENTAL PROGRAM IS AN EQUAL HOUSING PROVIDER

DIVISION OF HOUSING

CADDO NATION



U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
State of Oklahoma
Oklahoma Housing Authority Act

The Caddo Nation Housing Authority (CNHA)
and The Housing Authority of the Caddo Tribe of Indians of Oklahoma (HACTIO)

PRE-APPLICATION FOR THE LOW-INCOME RENTAL PROGRAM

OFFICE USE ONLY

Date of Application _____ Staff _____ Time of Application _____

FOR STATISTICAL PURPOSE ONLY

Race Ethnicity of Head of Household: ☐ Native American/Alaskan Native ☐ Asian or Pacific Islander
☐ Hispanic/Latino ☐ African American/Black ☐ Caucasian/White

Tribal Affiliation: _____ Roll #: _____

General Applicant Information

1. Name of Head of Household: _____
2. Name of adult Co-Head of Household: _____
3. Current address, Street, Apt.# _____
Current City, State and Zip _____
Current Area Code and Phone# _____ Home: _____ Work: _____

Detailed Applicant Family Information

4.	First and Last Name	Date of Birth	Relation to Head	Social Security Number	Disabled?	U.S. Citizen?	FT Student ?
A)							
B)							
C)							
D)							
E)							
F)							
G)							
H)							
I)							

5. Is the applicant family displaced by domestic violence? ☐ Yes ☐ No
 6. Is any adult family member enrolled in an education program full-time? ☐ Yes ☐ No
 7. Is any adult family member enrolled in a job training program, including one required under the welfare program? ☐ Yes ☐ No
 8. Is the applicant family displaced by governmental action through no fault of their own? ☐ Yes ☐ No
 9. Is the applicant family displaced by a declared Natural Disaster, such as a flood, tornado, earthquake, hurricane, ect.? ☐ Yes ☐ No
 10. Current Landlord's Name and Phone#: _____
Date Family Moved to this Location: _____
 11. Most Recent Former Address, Street, Apt#: _____
Most Recent Former City, State and Zip: _____
Most Recent Former Area Code and Phone: _____
Most Recent Former Landlord's Name and Phone#: _____
Date Family Moved to this Location: _____ Date Family Moved from this Location: _____

Detailed Applicant Family Income Information:

12. Below, please list the source and amount of all current income received by family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's

[illegible]

Upon approval of the ***Pre-Application***, the Division of Housing will be performing a detailed background check of all adult members of the Household.

CERTIFICATION:

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Caddo Nation Division of Housing by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-Applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Caddo Nation Division of Housing
21 Halfmoon Circle
Post Office Box 167
Gracemont, Oklahoma 73042
Wilson Daingkau, Housing Services
Date ____/____/____

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Division of Housing Caddo Nation

The Caddo Nation Housing Authority (CNHA)
and The Housing Authority of the Caddo Tribe of Indians of Oklahoma (HACTIO)



U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
State of Oklahoma
Oklahoma Housing Authority Act

Agency Request for the Release of Information

_____ Date

Office of the Special Trustee
Post Office Box 309
Anadarko, Oklahoma 73005

To Whom It May Concern:

A request for housing assistance is in the process of review. We request your assistance by providing financial information for the following applicant (print clearly or type):

Last Name	First Name	Middle Name	Maiden Name

IIM Account #	Inheritance Card #

In accordance with Federal Regulations, we are required to verify all household income to provide housing assistance through NAHASDA and/or HUD Public Housing. We respectfully submit this request information be sent at your earliest discretion, so the financial review can be completed; as the above indicated applicant waits for housing assistance.

Information should include, but not limited to Land Lease Monies, Royalties, B.I.A. Subsistence, Education Grants, Ect. The requested financial information should be sent to our admission department at:

Caddo Nation Division of Housing
Post Office Box 167
Gracemont, Oklahoma 73042
Attn: Admission

Thank you for your quick response and service.

Wilson Daingkau, Housing Services
Caddo Nation Division of Housing

Applicant Authorization for the Release of Information

(Please print clearly. Application can not be processed unless legible hand printed or typed)

_____ Date

I, _____, do hereby authorize release of any information to the Caddo Nation Division of Housing regarding ALL monies received through my IIM Account; in order that I may receive consideration for housing assistance provided by the Caddo Nation Division of Housing.

IIM # _____ Inheritance Card # _____

Signature